

Thank you for your timely comment on the manuscript. Based on your suggestions we have made the following modifications in the manuscript:

Your comment:

- "1. The section on "characteristics of useful measures of the public's health could perhaps be expanded (page 9).

For example, the sentence "the measure should detect both an absolute and relative change in health status over time" raised some questions. Perhaps it would help clarify matters if the authors gave an example of a measure that would not meet this criterion. The authors cite an example of percentage change but that would seem to be a relative rather than an absolute measure. Relative risks or attributable risks" would seem to meet only the relative change criteria.

The characteristic that a "measure should be reliable, stable over time" should be clarified. Here, I assume that the authors are referring to the notion that the way the measurements are made should be consistent over time, but of course the value of the measurement could well change because of trends in time.

Overall, I think this particular section could be strengthened considerably with some examples of measure that do or do not meet the specific criteria of useful measures of public's health"

We have edited the material to include examples of each characteristic we mention.

Your comment:

- "2. I think the last two sentences of the paper either need a slight rewrite or earlier sections need to be strengthened to make clear what the authors are referring to. For example, the authors refer to "the tools proposed in this article", but it was not clear what specific tools the authors are referring to. Similarly, in the last sentence there is reference to the "new paradigm" but this is the first reference to a "new paradigm" and it is not clear which paradigm the authors are referring to."

We have rewritten the last paragraph to make it consistent with the material presented in the paper.

Your comment:

- "3. I liked Figure 1. Ideally, it would have been better if the alternative measures could have been based on the same year. For example, DALY is dated 1996, but mortality is 2002. I assume Figure 1 refers only to the United States, in which case it should be made clear in the legend. I think there could have been a few more sentences of discussion of figure 1 in the text. Perhaps the authors could comment on how the rankings change for specific causes. "

We agree that it would be best for the data to be based on the same year. However, the DALY study has not been replicated since 1996. We chose to present the latest available data for each metric. We have added more discussion of this table to the paper.

Your comment:

"Another comment on Figure 1 is that while "rankings" can be attractive, especially to the public and the media, they can also oversimplify matters. For example, two items could be ranked very differently but could be similar on the quantitative measurement scale."

We agree and have expanded this discussion in the paper.

The galleys have been modified and sent to the editor. The paper is scheduled for publication in January 2006.

Thank you for your timely comments on the manuscript. Based on your suggestions we have made the following modifications in the manuscript:

Your comment:

"The authors are correct that we need more reliable and meaningful measures of "health of the general public." No single measure is likely to capture all the features that make up "public health"; even the measures that do exist (mortality, morbidity, YPLL, DALY) have serious shortcomings in terms of the reliability, consistency, and meaningfulness of their definitions. The authors do a good job of communicating the limitations of the current measures. Addressing these limitations and developing new measures will require coordinated efforts among health agencies, as the authors indicate --- but such efforts are essential, because only with reliable and consistent measures can public health programs be evaluated reliably."

We agree and have revised the material to support this.

Your comments:

"Minor comment: Table 1 lists numbers of deaths in various age groups (2002). Two totals would be useful for purposes of interpreting these death counts:

	< 1 yr	1-14 yr	15-24 yr	25-64 yr	> 64 yr	_
Total #deaths	D[0]	D[1]	D[2]	D[3]	D[4]	
Total #people	P[0]	P[1]	P[2]	P[3]	P[4]	

(I seem to recall that the death rates increase to around 24 and then decline, and then increase again after about age 60.) If d_{ij} denotes the number of deaths (in 2002) in age group i ($i = 0, 1, 2, 3, 4$), due to cause j ($j = 1, 2, 3, 4, 5, 6$), then $d_{ij}/D[j]$ would indicate the percentage of deaths in age group j due to cause i (e.g., 1,474 cancer deaths among those aged 1-14, but if there were only 10,000 deaths among 1-14-year-olds, then cancer accounts for almost 15% of all deaths in that age group; versus 391,001 cancer deaths among those over 64, but if there are 1.4 million deaths among 64+ people, then cancer would account for 28% of the deaths in that age group). Also, $d_{ij}/P[j]$ would indicate the "risk" to the average person in age group j due to cause i ."

We have done this.

The galley proofs have been modified and sent to the editor. The paper is scheduled for publication in January 2006.